

Appendix B

Skills checklists for procedures

- Gastrointestinal system
- Musculoskeletal system
- Neurological system
- Respiratory system
- Urinary system

Skills Checklist: Gastrostomy Feeding Bolus Method

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of G-tube							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 60 ml catheter-tipped syringe or other feeding container for feeding							
3. Clamp or plug for end of tube							
4. Water (to flush tubing before and after feeding)							
5. Rubber bands and safety pins (to secure G-tube to clothing)							
6. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure							
5. Washes hands and dons gloves							
6. Removes cap, inserts syringe and aspirates							
7. Measures residual (if needed) and returns to stomach							
8. If stomach contents are over _____ cc, subtract from feeding							
9. Clamps tubing and removes syringe							
10. Attaches syringe without plunger to feeding port							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
11. Flushes with 15-30 cc water (or as specified)							
12. Administers medications, if ordered, flushing before and after							
13. Pours room temperature formula into syringe							
14. Allows feeding to flow in slowly by gravity							
15. Adjusts height of syringe to achieve prescribed flow rate							
16. Observes tolerance of feeding							
17. Keeps syringe partially filled until feeding complete							
18. Flushes with prescribed amount of water, usually 15-30 cc							
19. Opens G-tube to air, if ordered							
20. Clamps tubing, removes syringe, and reinserts plug							
21. Secures tubing							
22. Washes and dries supplies as specified							
23. Washes hands							
24. Documents procedure and observations							
25. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Gastrostomy Feeding Slow Drip or Continuous Method

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy) and student's activity level							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of G-tube							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 60 ml catheter-tipped syringe or other feeding container for feeding							
3. Feeding bag and tubing							
4. Feeding pump and stand or carry-pack, if needed							
5. Clamp or plug for end of tube							
6. Water (to flush tubing before and after feeding)							
7. Rubber bands and safety pins (to secure G-tube to clothing)							
8. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure							
5. Washes hands and dons gloves							
6. Removes cap, inserts syringe and aspirates							
7. Measures residual (if needed) and returns to stomach							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
8. If stomach contents are over _____ cc, subtracts from feeding							
9. Clamps tubing and removes syringe							
10. Fills feeding bag with room temperature feeding, primes tubing, and hangs bag							
11. Flushes with 15-30 cc water (or as specified)							
12. Administers medications, if ordered, flushing before and after							
13. Inserts tip of tubing into G-tube, secures, and unclamps							
14. Adjusts flow rate							
15. Observes tolerance of feeding							
16. Keeps bag partially filled until feeding complete; does not hang more than 4 hours worth of feeding at one time							
17. If single feeding completed, disconnects, and flushes with prescribed amount of water, usually 15-30 cc							
18. Opens G-tube to air, if ordered							
19. Clamps tubing, removes syringe, and reinserts plug							
20. Secures tubing							
21. Washes and dries supplies as specified							
22. Washes hands							
23. Documents procedure and observations							
24. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Skin-Level Gastrostomy Feeding Bolus Method

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of gastrostomy device							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 60 ml catheter-tipped syringe or other feeding container for feeding							
3. Adaptor with tubing and clamp							
4. Water (to flush tubing before and after feeding)							
5. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure.							
5. Washes hands and dons gloves							
6. Inspects skin and rotates bolster, if ordered.							
7. Opens safety plug							
8. Inserts adaptor and tubing							
9. Flushes with 15-30 cc water (or as specified)							
10. Administers medications, if ordered, flushing before and after							
11. Attaches syringe without plunger to feeding port							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
12. Pours room temperature formula into syringe							
13. Allows feeding to flow in slowly by gravity							
14. Adjusts height of syringe to achieve prescribed flow rate							
15. Observes tolerance of feeding							
16. Keeps syringe partially filled until feeding complete							
17. Flushes with prescribed amount of water, usually 15-30 cc							
18. Clamps tubing, removes syringe, and reinserts plug							
19. Washes and dries supplies as specified							
20. Washes hands							
21. Documents procedure and observations							
22. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Skin-Level Gastrostomy Feeding Slow Drip or Continuous Method

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy) and student's activity level							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of gastrostomy device							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 60 ml catheter-tipped syringe or other feeding container for feeding							
3. Feeding bag and tubing							
4. Feeding pump and stand or carry-pack, if needed							
5. Clamp or plug for end of tube							
6. Water (to flush tubing before and after feeding)							
7. Rubber bands and safety pins (to secure device to clothing)							
8. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure.							
5. Washes hands and dons gloves							
6. Inspects skin and rotates bolster, if ordered.							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
7. Opens safety plug							
8. Inserts adaptor and tubing							
9. Fills feeding bag with room temperature feeding, primes tubing, and hangs bag							
10. Flushes device with 15-30 cc water (or as specified)							
11. Administers medications, if ordered, flushing before and after							
12. Attaches adaptor tubing to feeding bag tubing, secures, and unclamps							
13. Adjusts flow rate							
14. Observes tolerance of feeding							
15. Keeps bag partially filled until feeding complete; does not hang more than 4 hours worth of feeding							
16. If single feeding completed, disconnects, and flushes with prescribed amount of water, usually 15-30 cc. Removes adaptor tubing and closes safety plug							
17. Secures tubing if continuous feeding							
18. Washes and dries supplies as specified							
19. Washes hands							
20. Documents procedure and observations							
21. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Insertion of Nasogastric Tube

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of nasogastric tube							
Identifies supplies:							
1. Appropriate size nasogastric tube (as ordered by health care provider)							
2. ½ inch waterproof tape, preferably hypoallergenic							
3. 5 cc syringe or catheter tip syringe							
4. Stethoscope							
5. Water soluble lubricant or water							
6. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Washes hands and dons gloves							
5. Measures for insertion length and marks tube							
6. Lubricates tube with water or water-soluble lubricant							
7. Inserts tube gently and properly							
8. Encourages swallowing. Allows to rest if student gags							
9. Does not force tube if resistance met or any signs of respiratory distress							
10. Inserts to tape mark							
11. Always checks placement of NG-tube before using it according to student-specific guidelines: _____ _____ _____ (actions) (See procedure for placement check.)							
12. Secures tube with hypoallergenic tape, or tape and protectant							
13. Removes gloves and washes hands							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
14. Documents procedure and observations							
15. Notifies family of any problems							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Checking Placement of Nasogastric Tube

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies why tube placement must be checked before every use of NG-tube							
Identifies supplies:							
1. 60 cc catheter-tipped syringe							
2. pH tape							
3. Stethoscope							
4. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student on left side and explains procedure							
4. Washes hands and dons gloves							
5. Unclamps NG							
6. Connects syringe to NG-tube							
7. Gently aspirates stomach contents							
8. Measures pH of aspirate							
9. Notifies school nurse and family if pH > 6							
10. Injects air and listens for whooshing sound							
11. Asks student to talk							
12. Checks for residuals if ordered							
13. Recognizes any signs of respiratory distress							
14. Withholds feedings and notifies school nurse and family if any question of whether tube is located in the stomach							
15. Proceeds carefully with feedings if tube placement is in the stomach							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Nasogastric Tube Feeding Bolus Method

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of gastrostomy device							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 60 ml catheter-tipped syringe or other feeding container for feeding							
3. Clamp or plug for end of tube							
4. Water (to flush tubing before and after feeding)							
5. Rubber bands and safety pins (to secure NG-tube to clothing)							
6. pH tape, to check placement							
7. Stethoscope, to check placement							
8. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure.							
5. Washes hands and dons gloves							
6. Always checks placement of NG-tube before using it according to student-specific guidelines: _____ _____ _____ (actions)							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
7. Removes plug/cap and inserts catheter tipped syringe							
8. Checks residuals and returns to stomach. If volume is over _____ cc, subtracts from feeding. If volume is over _____ cc, holds feeding.							
9. Clamps tubing and disconnects syringe							
10. Flushes with 15-30 cc water (or as specified)							
11. Administers medications, if ordered, flushing before and after							
12. Attaches syringe without plunger to nasogastric tube							
13. Pours room temperature formula into syringe							
14. Allows feeding to flow in slowly by gravity							
15. Adjusts height of syringe to achieve prescribed flow rate							
16. Observes tolerance of feeding							
17. Keeps syringe partially filled until feeding complete							
18. Flushes with prescribed amount of water, usually 15-30 cc							
19. Clamps tubing, removes syringe, and reinserts plug							
20. Washes and dries supplies as specified							
21. Removes gloves and washes hands							
22. Documents procedure and observations							
23. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Nasogastric Tube Feeding Slow Drip or Continuous Method

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy) and student's activity level							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of NG-tube							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 60 ml catheter-tipped syringe or other feeding container for feeding							
3. Feeding bag and tubing							
4. Feeding pump and stand or carry-pack, if needed							
5. Clamp or plug for end of tube							
6. Water (to flush tubing before and after feeding)							
7. Rubber bands and safety pins (to secure NG-tube to clothing)							
8. pH tape, to check placement							
9. Stethoscope, to check placement							
10. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure							
5. Washes hands and dons gloves							
6. <u>Always</u> checks placement of NG-tube before using it according to							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
student-specific guidelines: _____ _____ _____ _____ (actions)							
7. Removes cap, inserts syringe and aspirates residual							
8. Checks residuals and returns to stomach. If volume is over _____ cc, subtracts from feeding. If volume is over _____ cc, holds feeding.							
9. Clamps tubing and removes syringe							
10. Fills feeding bag with room temperature feeding, primes tubing, and hangs bag							
11. Flushes with 15-30 cc water (or as specified)							
12. Administers medications, if ordered, flushing before and after							
13. Inserts tip of feeding tubing into NG-tube, secures, and unclamps							
14. Adjusts flow rate							
15. Observes tolerance of feeding							
16. Keeps bag partially filled until feeding complete; does not hang more than 4 hours worth of feeding							
17. If single feeding completed, disconnects, and flushes with prescribed amount of water, usually 15-30 cc							
18. Opens NG-tube to air, if ordered							
19. Clamps tubing, removes syringe, and reinserts plug							
20. Secures tubing							
21. Washes and dries supplies as specified							
22. Removes gloves and washes hands							
23. Documents procedure and observations							
24. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Jejunostomy Feeding Continuous Feeding by Pump

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy) and student's activity level							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of jejunostomy device							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 10 ml catheter-tipped syringe or other feeding container for feeding							
3. Feeding bag and tubing							
4. Feeding pump and stand or carry-pack, if needed							
5. Clamp or plug for end of tube							
6. Water (to flush tubing before and after feeding)							
7. Rubber bands and safety pins (to secure device to clothing)							
8. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure.							
5. Washes hands and dons gloves							
6. Inspects skin							
7. Fills feeding bag with room temperature feeding, primes tubing, and hangs bag							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
8. Opens safety plug							
9. Inserts adaptor and tubing							
10. Flushes with 5-10 cc water (or as specified)							
11. Administers medications, if ordered, flushing before and after							
12. Attaches adaptor tubing to feeding bag tubing, secures, and unclamps							
13. Vents G-tube, if present and ordered							
14. Adjusts flow rate on pump							
15. Assesses tolerance of feeding							
16. Keeps bag partially filled until feeding complete; does not hang more than 4 hours worth of feeding							
17. If single feeding completed, disconnects, and flushes with prescribed amount of water, usually 5-10 cc. Removes adaptor tubing and closes safety plug							
18. Secures tubing if continuous feeding							
19. Washes and dries supplies as specified							
20. Removes gloves and washes hands							
21. Documents procedure and observations							
22. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Nasojejunal Tube Feeding Slow Drip or Continuous Method

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy) and student's activity level							
5. Identifies possible problems and appropriate actions							
6. Identifies size _____ and type _____ of NJ-tube							
7. Identifies student-specific instructions for guidelines as to:							
• _____ time(s) of feeding							
• _____ cc (amount)							
• _____ formula (type)							
• _____ duration (minutes)							
• _____ position of student							
Identifies supplies:							
1. Liquid formula or feeding solution, at room temperature							
2. 60 ml catheter-tipped syringe or other feeding container for feeding							
3. Feeding bag and tubing							
4. Feeding pump and stand or carry-pack, if needed							
5. Clamp or plug for end of tube							
6. Water (to flush tubing before and after feeding)							
7. Rubber bands and safety pins (to secure NG-tube to clothing)							
8. pH tape, to check placement							
9. Stethoscope, to check placement							
10. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Shakes formula to mix and measures amount							
4. Positions student and explains procedure							
5. Washes hands and dons gloves							
6. <u>Always</u> checks placement of NJ-tube before using it according to							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
student-specific guidelines: _____ _____ _____ (actions) Holds feeding and notifies family if pH \leq 6 or air not heard when injected.							
7. Removes cap, inserts syringe and aspirates residual							
8. Checks residuals and returns to stomach. If volume is over _____ cc, subtracts from feeding. If volume is over _____ cc, holds feeding.							
9. Clamps tubing and removes syringe							
10. Fills feeding bag with room temperature feeding, primes tubing, and hangs bag							
11. Flushes with water _____ cc (amount specified in IHCP)							
12. Administers medications, if ordered, flushing before and after							
13. Inserts tip of feeding tubing into NJ-tube, secures, and unclamps							
14. Adjusts flow rate							
15. Observes tolerance of feeding. Stops if any signs of distress							
16. Keeps bag partially filled until feeding complete; does not hang more than 4 hours worth of feeding							
17. If single feeding completed, disconnects, and flushes with prescribed amount of water _____ cc							
18. Opens NJ-tube to air, if ordered							
19. Clamps tubing, removes syringe, and reinserts plug							
20. Secures tubing							
21. Washes and dries supplies as specified							
22. Removes gloves and washes hands							
23. Documents procedure and observations							
24. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Emptying a Colostomy

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies when _____ and how often _____ colostomy should be emptied							
Identifies supplies:							
1. Tissue, wet washcloth, paper towel, or wet wipe							
2. Toilet or container to dispose of wastes							
3. Gloves, if pouch is to be emptied by someone other than student							
4. Clean pouch with clip closure							
5. Extra pouch supplies							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Washes hands and dons gloves							
5. Tilts the bottom of the pouch and removes clamp							
6. Folds bottom to form cuff							
7. Slowly unfolds end and empty contents							
8. Wipes pouch							
9. Re-applies clamp							
10. Disposes of wastes							
11. Removes gloves and washes hands							
12. Documents procedure and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Changing a Colostomy Pouch

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies times/reasons for changes:							
Identifies supplies:							
1. Water							
2. Skin cleanser							
3. Soft cloth or gauze or tissues							
4. Clean pouch with clip closure							
5. Protective paste or powder, if used							
6. Skin barrier							
7. Measuring guide, if needed							
8. Belt, if used							
9. Gloves, if pouch is to be changed by someone other than student							
10. Tape, if needed							
11. Scissors, if needed							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Washes hands and dons gloves							
5. Empties contents of old pouch							
6. Carefully separates pouch and skin barrier							
7. Saves clamp for future use							
8. Gently washes peristomal area and allows to dry							
9. Assesses stoma for integrity							
10. Measures stoma and cuts barrier and pouch to fit							
11. Removes paper and saves to use as a guide if needed							
12. Applies protective paste, if ordered							
13. Applies barrier /wafer/pouch/ correctly							
14. Holds pouch/barrier in place for 30-60 seconds							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
15. Seals pouch with clamp							
16. Fastens pouch to belt, if used							
17. Disposes of supplies appropriately							
18. Removes gloves and washes hands							
19. Documents procedure and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Emptying an Ileostomy

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies when _____ and how often _____ ileostomy should be emptied							
Identifies supplies:							
1. Tissue, wet washcloth, paper towel, or wet wipe							
2. Toilet or container to dispose of wastes							
3. Gloves, if pouch is to be emptied by someone other than student							
4. Clean pouch with clip closure							
5. Extra pouch supplies							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Washes hands and dons gloves							
5. Tilts the bottom of the pouch and removes clamp							
6. Folds bottom to form cuff							
7. Slowly unfolds end and empty contents							
8. Wipes pouch							
9. Re-applies clamp							
10. Disposes of wastes							
11. Removes gloves and washes hands							
12. Documents procedure and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Changing an Ileostomy Pouch

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
7. Reviews student's IHCP for student-specific instructions							
1. Reviews standard precautions							
2. Identifies student's ability to participate in procedure							
3. Identifies where procedure is done (respects privacy)							
4. Identifies possible problems and appropriate actions							
5. Identifies times/reasons for changes: _____							
Identifies supplies:							
12. Water							
1. Skin cleanser							
2. Soft cloth or gauze or tissues							
3. Clean pouch with clip closure							
4. Protective paste or powder, if used							
5. Skin barrier							
6. Measuring guide, if needed							
7. Belt, if used							
8. Gloves, if pouch is to be changed by someone other than student							
9. Tape, if needed							
10. Scissors, if needed							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Washes hands and dons gloves							
5. Empties contents of old pouch							
6. Carefully separates pouch and skin barrier							
7. Saves clamp for future use							
8. Gently washes peristomal area, allows to dry, and places gauze over stoma							
9. Assesses stoma for integrity							
10. Measures stoma and cuts barrier and pouch to fit							
11. Removes paper and saves to use as a guide if needed							
12. Apply protective paste, if ordered							
13. Applies barrier/wafer/pouch correctly							
14. Holds pouch/barrier in place for 30-60 seconds							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
15. Seals pouch with clamp							
16. Fastens pouch to belt, if used							
17. Disposes of supplies appropriately							
18. Removes gloves and washes hands							
19. Documents procedure and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Positioning a Student

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Identifies student's ability to participate in procedure							
3. Identifies possible problems and appropriate actions							
Procedure:							
1. Washes hands							
2. Explains procedure							
3. Assembles equipment as needed							
4. Obtains assistance if needed							
5. Follows principles of good body mechanics							
6. Change student's position as needed							
7. Inspects skin							
8. Ensures comfort							
9. Washes hands							
10. Cleans and stores equipment as needed							
11. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Assisting a Student with a Cane

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
4. Identifies student's ability to participate in procedure							
5. Identifies possible problems and appropriate actions							
6. Identifies type of cane(s) used:							
7. Identifies type of gait: _____							
Procedure:							
1. Washes hands							
12. Explains procedure							
13. Assembles equipment as needed							
14. Obtains assistance if needed							
15. Checks fit of cane							
16. Teaches/reinforces gait							
17. Teaches stair climbing as needed							
18. Arranges for use of elevator							
19. Arranges transportation during emergencies and drills							
20. Describes safety tips							
21. Cleans and stores equipment as needed							
22. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Assisting a Student with Crutches

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Identifies student's ability to participate in procedure							
3. Identifies possible problems and appropriate actions							
4. Identifies type of crutches used: _____							
5. Identifies type of gait: _____							
Procedure:							
1. Washes hands							
2. Explains procedure							
3. Assembles equipment as needed							
4. Encourages proper shoes							
5. Checks fit of crutches							
6. Checks handpieces and arm pads							
7. Teaches/reinforces gait							
8. Teaches/reinforces sitting							
9. Teaches stair climbing as needed							
10. Arranges for use of elevator							
11. Arranges transportation during emergencies and drills							
12. Describes safety tips							
13. Cleans and stores equipment as needed							
14. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Assisting a Student with a Walker

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Identifies student's ability to participate in procedure							
3. Identifies possible problems and appropriate actions							
4. Identifies type of walker used: _____							
Procedure:							
1. Washes hands							
2. Explains procedure and encourages student to participate							
3. Assembles equipment as needed							
4. Checks fit of walker							
5. Teaches/reinforces gait							
6. Does not allow use on stairs							
7. Arranges for use of elevator							
8. Arranges transportation during emergencies and drills							
9. Describes safety tips							
10. Cleans and stores equipment as needed							
11. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Assisting a Student with a Wheelchair

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Identifies student's ability to participate in procedure							
3. Identifies possible problems and appropriate actions							
4. Identifies type of wheelchair used: _____							
Procedure:							
1. Washes hands							
2. Explains procedure and encourages student to participate							
3. Assembles equipment as needed							
4. Checks all areas of school and grounds for wheelchair accessibility							
5. Teaches and assists moving from a surface to wheelchair							
6. Teaches and assists moving from sitting to standing							
7. Teaches and assists moving from standing to sitting							
8. Locks wheelchair whenever appropriate							
9. Uses a seatbelt or harness whenever needed for safety							
10. Stays with student until stable							
11. Maintains good body mechanics							
12. Recharges batteries as needed							
13. Arranges for use of elevator							
14. Arranges transportation during emergencies and drills							
15. Describes safety tips							
16. Cleans and stores equipment as needed							
17. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Assisting a Student with a Prosthesis

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Identifies student's ability to participate in procedure							
3. Identifies possible problems and appropriate actions							
4. Identifies type of prosthesis used: _____							
Procedure:							
1. Washes hands							
2. Explains procedure and encourages student to participate							
3. Assembles equipment as needed							
4. Checks gait if applicable							
5. Checks proper fit, alignment, and function of prosthesis							
6. Inspects skin for redness or breakdown							
7. Arranges for use of elevator if needed							
8. Arranges transportation during emergencies and drills if needed							
9. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Assisting a Student with an Orthosis

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Identifies student's ability to participate in procedure							
3. Identifies possible problems and appropriate actions							
4. Identifies type of orthosis used: _____							
Procedure:							
1. Washes hands							
2. Explains procedure and encourages student to participate							
3. Assembles equipment as needed and checks for wear and any defects							
4. Determines student's ability to put on and remove orthosis							
5. Checks gait							
6. Checks proper fit, alignment, and function of orthosis							
7. Inspects skin for redness or breakdown							
8. Checks circulation and skin if student has any complaints of burning, pain, or decreased sensation							
9. Arranges for use of elevator if needed							
10. Arranges transportation during emergencies and drills if needed							
11. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Cast Care

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Identifies student's ability to participate in procedure							
3. Identifies possible problems and appropriate actions							
4. Identifies type of casting material used:							
5. Identifies whether weightbearing or not							
Procedure:							
1. Washes hands							
2. Explains procedure and encourages student to participate							
3. Checks cast for wear and any defects							
4. Cautions student not to put anything inside cast or scratch under cast							
5. Checks cast fit by checking color, swelling, capillary refill, sensation and movement							
6. Observes for the five "Ps"							
7. Protects cast from soiling							
8. Inspects skin for redness or breakdown							
9. Changes position and keeps affected limb elevated as needed; does not use bar on spica cast to lift student							
10. Arranges for use of elevator if needed							
11. Arranges transportation during emergencies and drills if needed							
12. Documents and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Body Mechanics

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Principles:							
1. Obtains help when needed to lift heavy loads							
2. Uses proper posture							
3. When possible, pushes, pulls, rolls, or lowers objects instead of lifting							
4. Stands close to objects to be moved							
5. Provides broad base of support							
6. Keeps back straight, knees and hips flexed, weight distributed on both feet, and shoulders in line with pelvis							
7. Flexes knees instead of stooping							
8. Avoids twisting of torso							
9. Uses verbal counts to coordinate movements with others							
10. Squats and stands to lift rather than bending over and lifting							
11. Carries objects close to body							
12. Carries using muscles that pull shoulder blades together							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Administering Rectal Diazepam

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies possible problems and appropriate actions							
4. Reviews cardiopulmonary resuscitation training							
5. Verifies medication dose Diazepam _____ mg							
Identifies supplies:							
1. Gloves							
2. Medication syringe with rectal diazepam							
3. Lubricating jelly (comes with syringe)							
Procedure:							
1. Washes hands if possible							
2. Assembles equipment and obtains assistance if possible							
3. Dons gloves							
4. Removes protective syringe cover and lubricates tip							
5. Turns student on left side							
6. Gently inserts syringe tip in rectum							
7. Slowly pushes in medication							
8. Removes syringe and holds buttocks together							
9. Notes time medication given							
10. Calls 911 and activates emergency plan							
11. Constantly monitors for side effects, especially respiratory							
12. Removes gloves and washes hands							
13. Documents diazepam administration, student response, and implementation of emergency plan							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Activating Vagal Nerve Stimulation for Seizures

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews literature on VNS							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies situations where VNS may need to be stopped							
7. Checks Pulse Generator battery _____ (when)							
Identifies supplies:							
1. VNS magnet							
Procedure:							
1. Keeps magnet with student at all times							
2. If student senses a seizure, places magnet over Pulse Generator (PG) for one second							
a. Pager-style : removes belt clip and magnet from belt and places label side against PG							
b. Watch-style: positions wrist so label can be placed over PG							
3. Moves magnet away after one second							
4. Stops stimulation when needed by holding magnet over Pulse Generator, but does not use magnet for more than four hours							
5. Checks Pulse Generator battery on a regular basis by causing a stimulation							
6. If stimulation causes pain, holds magnet in place to stop pain and contacts health care provider immediately							
7. Documents and reports any complaints of sore throat, hoarseness, or other problems							
8. Reports any changes to family							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Monitoring a Ventricular Shunt

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies possible problems and appropriate actions							
5. Identifies student-specific signs of shunt malfunction (specify) _____ _____ _____ _____							
6. Reviews other possible signs of shunt malfunction							
Identifies supplies:							
1. Blood pressure cuff and stethoscope							
Procedure:							
1. Documents baseline behavior, level of activity, coordination, and response to environment							
2. Obtains baseline vital signs							
3. Observes for signs of shunt malfunction							
4. Notifies school nurse and family of any changes or concerns							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Peak Flow Rate Monitoring

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies when and how often to measure peak flow rate (PFR) _____							
7. Identifies values for student:							
• _____ Green							
• _____ Yellow							
• _____ Red							
Identifies supplies:							
1. Peak flow meter							
2. Chart or log of peak flow readings							
Procedure:							
1. Washes hands							
2. Assembles equipment as needed							
3. Explains procedure							
4. Makes sure sliding marker starts at zero							
5. Advises student to stand and to clear mouth							
6. Instructs student to take deep breath, place mouthpiece in mouth and blow out as hard as possible							
7. Notes number achieved and repeats two more times							
8. Records highest number							
9. Measures PFR on a regular basis and as needed							
10. Correctly compares measurements and takes appropriate actions							
11. Washes and dries meter as specified							
12. Documents PFR reading and any actions taken							
13. Reports significant changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Using a Metered Dose Inhaler

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies: type of MDI _____ medication _____ type of spacer if used _____							
7. Identifies when and how often to use metered dose inhaler (MDI) _____ _____							
Identifies supplies:							
1. Metered dose inhaler							
2. Medication log							
Procedure:							
1. Washes hands							
2. Assembles equipment as needed							
3. Explains procedure							
4. Has student stand and hold MDI correctly							
5. Removes cap and shakes MDI							
6. Tilts head and breathes out							
7. Positions MDI 1-2 inches from mouth or uses spacer							
8. Follows correct procedure for any spacer used							
9. Presses to release medication while breathing in slowly							
10. Holds breath for 10 seconds							
11. Repeats puff as ordered							
12. Waits one minute between puffs of rescue medications							
13. Wipes off mouthpiece and replaces cap							
14. Washes hands							
15. Documents medication and student response							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Nebulizer Treatments

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
Identifies supplies:							
1. Compressor							
2. Connecting tubing							
3. Nebulizer medication chamber							
4. Mask, or mouthpiece with T adaptor							
5. Medication							
6. Diluting solution							
7. Syringe, if needed for measuring							
8. Filter disc/exhalation filter, if needed							
Procedure:							
1. Determines need for treatment							
2. Washes hands							
3. Assembles equipment as needed							
4. Positions student and explains procedure							
5. Attaches connecting tubing to compressor							
6. Unscrews nebulizer cup							
7. Measures medication accurately and places correct amount and diluting solution (if needed) into nebulizer cup							
8. Screws cup back together							
9. Attaches connecting tubing to medication cup							
10. Keeps cup vertical and attaches face mask or T tube to cup							
11. Turns on power switch							
12. Has student seal lips around mouthpiece or places mask over mouth and nose							
13. Instructs student to breathe normally and take a deep breath every 1-2 minutes							
14. Allows medication to completely aerosolize before ending treatment							
15. Removes mouthpiece or mask							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
16. Assesses student's respiratory status and takes appropriate actions							
17. Washes, dries and stores equipment appropriately							
18. Washes hands							
19. Documents treatment							
20. Reports any changes to family							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Oxygen Cylinder

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies oxygen safety precautions							
Identifies supplies:							
1. Oxygen cylinder with key							
2. Oxygen regulator							
3. Flowmeter							
4. Delivery device with oxygen tubing							
5. Humidifier, if needed							
6. Tank Stand							
Procedure:							
1. Positions student and explains procedure							
2. Washes hands							
3. Prepares tank and regulator							
4. Turns on tank							
5. Checks pressure in tank							
6. Estimates amount of time tank will last							
7. Connects delivery device and humidifier (if needed) to cylinder							
8. Adjusts flow to ordered liters per minute; checks delivery device to make sure oxygen is coming out							
9. Provides oxygen to student using delivery device prescribed							
10. Monitors PSI, flow, and time while tank is being used							
11. Monitors student's respiratory status while oxygen being used							
12. Turns off tank before turning off flowmeter when oxygen no longer needed or tank is changed							
13. Stores tank safely							
14. Washes hands							
15. Documents procedure and observations							
16. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Liquid Oxygen System

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies oxygen safety precautions							
Identifies supplies:							
1. Liquid oxygen system							
2. Delivery device with oxygen tubing							
3. Humidifier, if needed							
Procedure:							
1. Positions student and explains procedure							
2. Washes hands							
3. Assembles supplies and prepares unit							
4. Checks level of fluid							
5. Connects delivery device and humidifier to liquid system							
6. Adjusts flow to prescribed rate; checks delivery device to make sure oxygen is coming out							
7. Provides oxygen to student using delivery device prescribed							
8. Monitors flow							
9. Monitors student's respiratory status while oxygen being used							
10. Turns off cylinder before turning off flowmeter when oxygen no longer needed or cylinder is changed							
11. Washes hands							
12. Monitors level of liquid daily and stores cylinder safely							
13. Documents procedure and observations							
14. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Oxygen Concentrator

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies oxygen safety precautions							
Identifies supplies:							
1. Oxygen concentrator							
2. Delivery device with oxygen tubing							
3. Flowmeter							
4. Humidifier, if needed							
Procedure:							
1. Positions student and explains procedure							
2. Washes hands							
3. Assembles supplies and checks filter							
4. Turns on concentrator							
5. Connects delivery device to concentrator with oxygen tubing							
6. Adjusts flow to prescribed rate; checks delivery device to make sure oxygen is coming out							
7. Provides oxygen to student using delivery device prescribed							
8. Monitors flow							
9. Monitors student's respiratory status while oxygen being used							
10. Turns off tank before turning off flowmeter when oxygen no longer needed or tank is changed							
11. Washes hands							
12. Documents procedure and observations							
13. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Nasal Cannula

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
6. Identifies oxygen safety precautions							
Identifies supplies:							
1. Oxygen source and backup							
2. Cannula and tubing							
3. Humidity source, if needed							
4. Adaptor for connecting tubing							
5. Extra connecting tubing, if needed for mobility							
Procedure:							
1. Reviews oxygen safety precautions							
2. Washes hands							
3. Gathers equipment							
4. Positions student and explains procedure							
5. Attaches cannula tubing to oxygen							
6. Turns on oxygen							
7. Correctly sets flowmeter							
8. Checks prongs for flow							
9. Gently places prongs in nostrils							
10. Loops tubing and ensures comfort							
11. Uses only water-soluble nasal care products, if needed							
12. Washes hands							
13. Documents procedure and observations							
14. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Oxygen Mask

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
6. Identifies oxygen safety precautions							
Identifies supplies:							
1. Oxygen source and backup							
2. Mask and tubing							
3. Humidity source, if needed							
4. Adaptor for connecting tubing							
5. Extra connecting tubing, if needed for mobility							
Procedure:							
1. Reviews oxygen safety precautions							
2. Washes hands							
3. Assembles equipment							
4. Positions student and explains procedure							
5. Attaches tubing to mask and oxygen							
6. Turns on oxygen							
7. Correctly sets flowmeter							
8. Checks mask for flow							
9. Correctly places mask over student's nose, mouth, and chin							
10. Adjusts elastic band and ensures comfort							
11. Washes hands							
12. Documents procedure and observations							
13. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Pulse Oximetry

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
Identifies supplies:							
1. Oximeter							
2. Oximeter probe or sensor							
Procedure:							
1. Determines need for oximetry							
2. Washes hands							
3. Assembles equipment							
4. Positions student and explains procedure							
5. Selects site for sensor							
6. Attaches sensor correctly; makes sure light source and photodetector are directly opposite							
7. Attaches sensor cable to oximeter							
8. Turns on machine							
9. Correlates oximeter pulse rate with radial pulse							
10. Reads saturation level							
11. Verifies alarms and sets limits							
12. Removes sensor if intermittent monitoring and correctly stores supplies							
13. Washes hands							
14. Documents readings and observations of respiratory status							
15. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Go Bag Supplies

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Identifies supplies and their use:							
1. Resuscitator bag							
2. Extra tracheostomy tube with ties (and obturator if needed)							
3. Extra tracheostomy tube one size smaller							
4. 3 cc Syringe							
5. Suction catheters							
6. Gloves							
7. Bulb syringe							
8. Portable suction machine							
9. Blunt scissors							
10. Tissues							
11. Hydrogen peroxide							
12. Cotton-tipped applicators							
13. Pipe cleaners, if needed							
14. Pre-cut tracheal gauze/sponges							
15. Saline or water-soluble lubricant							
16. Saline vials or dosettes							
17. Passive condenser							
18. List of emergency phone numbers							
19. List of go bag supplies							
20. Emergency plan							
21. Any other items specified in IHCP							

Checklist approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Tracheal Suctioning

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
Identifies supplies:							
1. Suction machine and manual backup							
2. Correctly-sized suction catheter							
3. Sterile saline or water							
4. Container for saline or water							
5. Gloves							
6. Resuscitator bag with tracheostomy adaptor							
7. Saline, if prescribed							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Encourages student to cough up secretions							
5. Turns on suction machine and checks for function							
6. Washes hands							
7. Opens suction catheter or kit							
8. Pours saline/water into container							
9. Dons gloves and other protective gear as needed							
10. Connects suction catheter to suction machine tubing							
11. Checks function by suctioning up water							
12. Determines depth of suctioning needed							
13. Inserts catheter into tracheostomy tube without suction							
14. Applies suction; twirls catheter between fingers as it is pulled out							
15. Uses no more than 5-10 seconds for each suctioning pass							
16. Allows rest and gives breaths with resuscitator bag between passes							
17. Does <u>not</u> routinely instill saline unless							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
specifically ordered							
18. Repeats suctioning as needed for removal of secretions							
19. Suctions nose and mouth if indicated							
20. Rinses catheter and tubing until clear							
21. Disconnects catheter from tubing and disposes of catheter and gloves properly							
22. Turns off suction							
23. Washes hands							
24. Documents color, consistency, and quantity of secretions as well as respiratory status							
25. Notifies family of any changes							
26. Makes sure equipment and supplies are restocked and ready for next use							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Tracheal Suctioning Using a Sleeved Catheter

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
Identifies supplies:							
1. Suction machine and manual backup							
2. Correctly-sized sleeved suction catheter							
3. Sterile saline or water							
4. Container for saline or water							
5. Gloves							
6. Resuscitator bag with tracheostomy adaptor							
7. Saline, if prescribed							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Encourages student to cough up secretions							
5. Turns on suction machine and checks for function							
6. Washes hands							
7. Opens suction catheter or kit							
8. Pours saline/water into container							
9. Dons gloves and other protective gear as needed							
10. Attaches control valve of sleeved catheter to connecting suction tubing							
11. Checks function by suctioning up water							
12. If ventilator dependent, attaches T-piece to ventilator circuit and connects to tracheostomy							
13. Determines depth of suctioning needed							
14. Advances catheter into tracheostomy tube without suction							
15. Applies suction; twirls catheter between fingers as it is pulled out							
16. Uses no more than 5-10 seconds for							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
each suctioning pass							
17. Allows rest and gives breaths with resuscitator bag between passes							
18. Does <u>not</u> routinely instill saline							
19. Repeats suctioning as needed for removal of secretions							
20. Rinses catheter and tubing until clear							
21. Stores catheter for re-use as specified in IHCP							
22. Does not reuse catheter if it is used to suction mouth or nose							
23. Turns off suction							
24. Removes gloves and washes hands							
25. Documents color, consistency, and quantity of secretions as well as respiratory status							
26. Notifies family of any changes							
27. Makes sure equipment and supplies are restocked and ready for use							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Tracheostomy Tube Changes

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
Identifies supplies:							
1. Exact size and type of tracheostomy tube ordered for student							
2. Tracheostomy tube one size smaller than currently being used.							
3. Velcro ties, twill tape, or other ties							
4. Obturator, if needed (used as a guide for insertion)							
5. Blunt scissors							
6. Syringe to inflate and deflate cuff, if tube has a cuff							
7. Sterile water-soluble lubricant or sterile saline							
8. Resuscitation bag							
9. Blanket roll, if needed, to position student's neck							
10. Stethoscope							
11. Oxygen, if ordered							
12. Suctioning device and supplies							
13. Gloves							
14. Another person to assist, if possible							
Procedure:							
1. Changes only when necessary at school, not on a routine basis							
2. Washes hands							
3. Assembles equipment							
4. Positions student and explains procedure							
5. Washes hands							
6. Keeps spare ties ready							
7. Opens tracheostomy tube package maintaining sterile technique							
8. Dons gloves and other protective gear as needed							
9. Inserts obturator into tracheostomy tube							
10. Attaches ties to one side of new tube							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
11. Lubricates tube sparingly if ordered							
12. Administers supplemental oxygen if ordered							
13. Cuts ties; holds tube securely in place when ties are not secure							
14. With new tube ready, removes old tube							
15. Inserts new tube, secures, and removes obturator immediately							
16. Inserts inner cannula if needed							
17. Listens and feels for air movement and assesses respiratory status							
18. If tube has cuff, inflates cuff							
19. Secures tube with ties							
20. Does skin care if needed and applies gauze							
21. Discards used supplies properly							
22. Removes gloves and washes hands							
23. Documents color, consistency, and quantity of secretions as well as respiratory status							
24. Notifies family of any changes							
25. Makes sure supplies are restocked and ready for next use							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Using Oxygen with a Tracheostomy Collar

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
6. Reviews oxygen safety precautions							
Identifies supplies:							
1. Tracheostomy collar							
2. Humidifier							
3. Heating device, if indicated							
4. Oxygen tubing							
5. Wide bore tubing							
6. Nipple adaptor							
7. Oxygen source							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Sets up humidification device							
5. Attaches tubing to air/oxygen							
6. Turns on oxygen							
7. Sets flow rate correctly							
8. Connects to heater and/or humidifier							
9. Confirms mist coming out of tubing							
10. Empties tubing when water condensation builds up							
11. Places collar over tracheostomy correctly							
12. Washes hands							
13. Documents procedure and respiratory status							
14. Notifies family of any changes or concerns							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Using a Manual Resuscitator with a Tracheostomy

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
6. Reviews oxygen safety precautions							
Identifies supplies:							
1. Manual resuscitator bag (e.g. Ambu)							
2. Adaptor for tracheostomy tube							
3. Oxygen source with appropriate tubing, if needed							
4. Tracheostomy or ventilator supplies, as appropriate							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Keeps bag near student with attachments ready for student use							
5. Attaches bag to tracheostomy tube							
6. Squeezes bag appropriately to deliver breaths							
7. Coordinates with student's breaths and delivers correct rate							
8. Assesses effectiveness of bagging							
9. Disconnects when bagging no longer needed							
10. Washes hands							
11. Documents procedure and respiratory status							
12. Notifies family of any changes or concerns							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Nose and Mouth Suctioning Using Suction Machine

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
Identifies supplies:							
1. Suction machine and tubing							
2. Suction catheter of the appropriate size, or Yankauer or tonsil tip suction catheter							
3. Saline dosettes, if prescribed							
4. Bulb syringe or other manual backup suction							
5. Disposable gloves							
6. Plastic bag for disposal of materials							
7. Water or saline to clean and lubricate catheter, with container							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Switches on suction machine and checks suction							
5. Encourages student to cough up secretions							
6. Opens suction catheter without touching inside of package							
7. Dons gloves							
8. Connects catheter to suction tubing							
9. Checks suction by drawing up water							
10. Inserts catheter into nose							
11. Covers vent hole and suctions while withdrawing catheter							
12. Repeats suctioning of nose as needed							
13. Suctions mouth after nose							
14. If using Yankauer, suctions in mouth along gum line and other parts of mouth as needed							
15. Rinses catheter and tubing with water							
16. Disconnects catheter from tubing and disposes of catheter appropriately							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
17. Removes gloves and washes hands							
18. Documents procedure and respiratory status							
19. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Nose and Mouth Suctioning with a Bulb Syringe

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
Identifies supplies:							
1. Bulb syringe							
2. Saline							
3. Tissues							
4. Disposable gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Dons gloves							
5. Holds bulb syringe in palm with tip between index and middle finger							
6. Squeezes bulb syringe flat with thumb							
7. Places tip gently in nose or mouth and lets bulb fill up							
8. Removes from nose or mouth and squirts secretions into tissue or basin							
9. Repeats suctioning of nose and mouth as needed							
10. Suctions mouth after nose if both are suctioned							
11. Loosens secretions with saline if needed							
12. Cleans bulb syringe in hot soapy water; rinses, dries, and stores							
13. Disposes of tissues appropriately							
14. Removes gloves and washes hands							
15. Documents procedure and character of secretions							
16. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Chest Physiotherapy (CPT)

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done							
5. Identifies possible problems and appropriate actions							
6. Identifies positions to be used for CPT _____ _____ _____ _____							
Identifies supplies:							
1. Pillows							
2. Suction equipment, if needed							
3. Tissues							
4. Wastebasket with plastic liner							
5. Vest airway clearance system, if prescribed							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Explains procedure							
4. Places vest airway clearance system on student if prescribed							
5. Positions student as specified							
6. Percusses over selected area for specified time _____							
7. Uses vibration over area if specified							
8. Instructs student to cough into tissue following percussion							
9. Performs CPT over each area specified							
10. Disposes of tissues appropriately							
11. Washes hands							
12. Documents CPT and notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Ventilator Machine/Circuit and Settings

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Identifies components and use:							
1. Power source							
• Accessible, grounded outlets							
• Internal battery							
• External battery							
• Back-up battery							
• Emergency power supply							
2. Circuit							
• Pressure tubing							
• Exhalation valve							
• PEEP valve							
• Other adaptors as needed							
3. Oxygen source							
• Adequate supply, spare tank, gauge							
• Connection to ventilator and spare tubing							
• Flow rate and oxygen percentage							
4. Humidification source							
• Passive condenser							
• Heat moisture exchanger							
5. Patient pressure manometer							
6. Alarms							
• High and low pressure							
• Volume							
• Power source							
• Temperature (if present)							
7. Manual resuscitator bag and adaptor							
8. Spare tracheostomy tube and supplies (go-bag supplies)							
9. Suctioning equipment							
Ventilator Parameters:							
1. Tidal volume							
2. Respiratory rate							
3. Peak inspiratory pressure							
4. Positive end expiratory pressure							
5. Inspiratory time							
6. Sigh volume							
Ventilator Modes							
1. Assist control (AC)							
2. Intermittent mandatory ventilation (IMV)							
3. Synchronized intermittent mandatory							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
ventilation (SIMV)							
4. Controlled mandatory ventilation (CMV)							
5. Pressure regulated volume control (PRVC)							

*****Use of this checklist alone does not constitute comprehensive competency-based training in ventilator oversight. Additional training is essential and should be documented.*****

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Ventilator Troubleshooting Alarms

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Procedure if Alarm Sounds							
1. Identifies which alarm is sounding							
2. Always checks student first when alarm sounds							
3. Removes student from ventilator and gives breaths with resuscitator bag if problem not immediately correctly within a few seconds							
4. Identifies high pressure alarm sound:							
<ul style="list-style-type: none"> Student may have mucus and need suctioning. Suctions as needed 							
<ul style="list-style-type: none"> Checks position of tracheostomy tube. Corrects or replaces as needed 							
<ul style="list-style-type: none"> Checks for student coughing, sneezing, talking, or laughing which can trigger alarm 							
<ul style="list-style-type: none"> Assesses for bronchospasm 							
<ul style="list-style-type: none"> Observes for student anxiety and "fighting" of ventilator. Calms as needed 							
<ul style="list-style-type: none"> Checks tubing for kinks 							
<ul style="list-style-type: none"> Checks for condensation in tubing 							
<ul style="list-style-type: none"> Checks exhalation valve for obstruction 							
<ul style="list-style-type: none"> Checks for accidental change of ventilator settings 							
5. Identifies low pressure alarm sound:							
<ul style="list-style-type: none"> Checks for tubing disconnection. Reconnects if needed 							
<ul style="list-style-type: none"> Checks for loose connections, leaks, or cracks in system. Tightens, if needed 							
<ul style="list-style-type: none"> Checks tracheostomy tube for correct placement and corrects or replaces 							
<ul style="list-style-type: none"> Checks for leak in cuff, if present 							
<ul style="list-style-type: none"> Checks exhalation valve for moisture or puncture 							
<ul style="list-style-type: none"> Checks for accidental change of ventilator settings 							
6. Identifies power alarm sound:							
<ul style="list-style-type: none"> Makes sure ventilator plugged into outlet if using AC power 							
<ul style="list-style-type: none"> Checks AC power, internal battery, external battery 							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
<ul style="list-style-type: none"> If all power sources fail, removes from ventilator, gives breaths with resuscitator bag and activates emergency plan 							
7. Places student back on ventilator when problem is solved							
8. Resets alarms if needed							
9. Activates emergency plan if needed. Gives breaths with manual resuscitator bag as long as necessary							

*****Use of this checklist alone does not constitute comprehensive competency-based training in ventilator alarm troubleshooting. Additional training is essential and should be documented.*****

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Clean Intermittent Catheterization--Male

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies possible problems and appropriate actions							
5. Identifies where procedure is done (respects privacy)							
6. Identifies times for clean intermittent catheterizations (CIC)							
7. Identifies student position for CIC							
Identifies supplies:							
1. Water-soluble lubricant							
2. Catheter (e.g., plastic, polyvinylchloride, metal)							
3. Wet wipes or cotton balls plus mild soap and water or student-specific cleansing supplies							
4. Storage receptacle for catheter, such as a sealed plastic bag							
5. Toilet or container for urine							
6. Gloves, if person other than student does procedure							
Procedure:							
1. Washes hands							
2. Assembles equipment and obtains assistance if possible							
3. Explains procedure and positions student							
4. Washes hands and dons gloves							
5. Lubricates first 3 inches of catheter with water-soluble lubricant							
6. Cleanses penis as specified							
7. Uses each swab/cotton ball only once in cleaning							
8. Wipes/swabs a minimum of three times							
9. Foreskin may be retracted for cleaning if needed							
10. Holding penis at a 45-90 degree angle, gently inserts catheter							
11. Does not force catheter if unusual							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
resistance is felt							
12. Advances catheter until urine begins to flow							
13. When flow stops, advances catheter a little further, then rotates and withdraws slightly to completely drain bladder							
14. Pinches catheter and withdraws							
15. Pulls foreskin back over glans, if not circumcised							
16. Wipes off excess lubricant and assists student in dressing							
17. Measures and records urine volume, if ordered							
18. Disposes of urine appropriately							
19. Washes, rinses, dries, and stores catheter appropriately							
20. Removes gloves and washes hands							
21. Documents procedure and characteristics of urine							
22. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Clean Intermittent Catheterization--Female

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies possible problems and appropriate actions							
5. Identifies where procedure is done (respects privacy)							
6. Identifies times for clean intermittent catheterizations (CIC)							
7. Identifies student position for CIC							
Identifies supplies:							
1. Water-soluble lubricant							
2. Catheter (e.g., plastic, polyvinylchloride, metal)							
3. Wet wipes or cotton balls plus mild soap and water or student-specific cleansing supplies							
4. Storage receptacle for catheter, such as a sealed plastic bag							
5. Toilet or container for urine							
6. Gloves, if person other than student does procedure							
Procedure:							
1. Washes hands							
2. Assembles equipment and obtains assistance if possible							
3. Explains procedure and positions student							
4. Washes hands and dons gloves							
5. Lubricates first 3 inches of catheter with water-soluble lubricant							
6. Separates the labia and cleanses starting at top of labia and going down toward rectum							
7. Uses each swab/cotton ball only once in cleaning							
8. Wipes/swabs three times							
9. Does not use a circular motion in cleaning							
10. Locates the urinary meatus							
11. Gently inserts until urine begins to flow							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
12. Does not force catheter if unusual resistance is felt							
13. When flow stops, advances catheter a little further, then rotates and withdraws slightly to completely drain bladder							
14. Pinches catheter and withdraws							
15. Wipes off excess lubricant and assists student in dressing							
16. Measures and records urine volume, if ordered							
17. Disposes of urine appropriately							
18. Washes, rinses, dries, and stores catheter appropriately							
19. Removes gloves and washes hands							
20. Documents procedure and characteristics of urine							
21. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Monitoring an Indwelling Urinary Catheter

Student's Name: _____ Teacher: _____

Person Trained: _____ Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies possible problems and appropriate actions							
5. Identifies where procedure is done _____ (respects privacy)							
Identifies supplies:							
1. Gloves							
Procedure:							
1. Monitors urine output for adequacy							
2. Encourages fluid intake							
3. Avoids lifting collection device or tubing above bladder							
When emptying drainage bag:							
4. Washes hands and dons gloves							
5. Opens outlet valve and drains urine into appropriate container							
6. Does not allow end of tubing to touch anything which could contaminate it							
7. Closes clamp/valve							
8. Measures and records urine volume							
9. Does <u>not</u> disconnect catheter from drainage tubing							
10. Disposes of urine and gloves appropriately							
11. Washes hands after any contact with drainage bag, tubing, or catheter							
12. Documents procedure and characteristics of urine							
13. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Care of External Urinary Catheter

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies possible problems and appropriate actions							
5. Identifies where procedure is done (respects privacy)							
Identifies supplies:							
1. Water-soluble lubricant							
2. Skin adhesive or tincture of benzoin and cotton tipped applicators							
3. Adhesive remover							
4. Condom-type urine collection device							
5. One-inch wide elastic adhesive							
6. Scissors							
7. Paper towels							
8. Gloves							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Explains procedure and positions student							
4. Arranges for another adult to be present, if possible							
5. Wash hands and dons gloves							
6. Gently removes existing external catheter							
7. Inspects skin of penis							
8. Does not apply collection device if skin irritated							
9. Cleanses shaft of penis as needed and dries thoroughly							
10. Makes small hole in center of paper towel and places it over shaft of penis to decrease contact between adhesive and hair							
11. Rolls external catheter onto glans, leaving 1/2 - 2 inch space between ends of tubing and penis							
12. Applies adhesive to shaft of penis; does not apply adhesive on glans							
13. Unrolls condom-type collection device to cover shaft of penis							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
14. If ordered, spiral wraps strip of elastic tape							
15. Does not overlap tape or wrap tape completely around penis							
16. Clips and removes ring of condom, if present							
17. Attaches condom to leg bag or drainage bag							
18. Empties collection bag before it becomes full							
19. Disposes of urine and gloves appropriately							
20. Washes hands after any contact with drainage bag, tubing, or catheter							
21. Documents procedure and characteristics of urine							
22. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Changing an Urostomy Pouch

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies where procedure is done (respects privacy)							
5. Identifies possible problems and appropriate actions							
6. Identifies times/reasons for changes: _____							
Identifies supplies:							
1. Water							
2. Skin cleanser							
3. Soft cloth or gauze or tissues							
4. Replacement pouch and belt							
5. Skin prep							
6. Skin barrier							
7. Measuring guide, if needed							
8. Container to store pouch							
9. Gloves, if pouch is to be changed by someone other than student							
10. Tape, if needed							
11. Scissors, if needed							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions student and explains procedure							
4. Washes hands and dons gloves							
5. Empties contents of old pouch							
6. Carefully removes pouch and skin barrier							
7. Gently washes peristomal area, allows to dry, and places gauze over stoma							
8. Assesses stoma/skin for integrity							
9. Measures stoma and cuts barrier and pouch to fit							
10. Removes paper and saves to use as a guide							
11. Pats skin dry							
12. Applies barrier correctly							
13. Removes used gauze/cloth and discards							
14. Centers new pouch over stoma/barrier							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
15. Makes sure there are no wrinkles Holds pouch/barrier in place for 30-60 seconds							
16. Makes sure pouch is sealed							
17. Fastens pouch to belt, if used							
18. Disposes of supplies appropriately							
19. Removes gloves and washes hands							
20. Documents procedure and reports any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date

Skills Checklist: Catheterizing a Continent Urostomy, Vesicostomy, Appendicovesicostomy, or Umbilical (Mitrofanoff) Stoma

Student's Name: _____

Teacher: _____

Person Trained: _____

Position: _____

Instructor: _____

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
Preparation:							
1. Reviews student's IHCP for student-specific instructions							
2. Reviews standard precautions							
3. Identifies student's ability to participate in procedure							
4. Identifies possible problems and appropriate actions							
5. Identifies where procedure is done _____ (respects privacy)							
6. Identifies type and anatomy of ostomy and stoma _____ _____							
7. Identifies times for clean intermittent catheterizations (CIC)							
8. Identifies student position for CIC							
Identifies supplies:							
1. Soap and water or alcohol-free towelette							
2. Gloves, if pouch is to be changed by someone other than student							
3. Catheter							
4. Water-soluble lubricant							
5. Catheter storage bag							
6. Container to collect and dispose of urine if unable to perform procedure while student sits on toilet							
7. Small adhesive bandage or stoma covering							
Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Explains procedure and positions student							
4. Wash hands and dons gloves							
5. Washes stoma with _____ (cleansing supplies)							
6. Lubricates catheter tip with water-soluble lubricant							
7. Holding catheter near the tip, gently inserts into stoma until urine flows							

Explanation/Return Demonstration	Training Date	Return Demon Date	Supervision				
			Date	Date	Date	Date	Date
8. Leaves catheter in stoma until urine flow stops							
9. Slowly withdraws catheter							
10. Covers stoma with covering or as specified							
11. Observes, measures, and disposes of urine properly							
12. Washes, dries and stores equipment per student specific guidelines							
13. Removes gloves and washes hands							
14. Documents procedure and characteristics of urine							
15. Notifies family of any changes							

Procedure approved by:

Parent/Guardian signature

Date

I have received and understand the training.

Trainee Signature

Date

Trainer Signature (RN)

Date

Supervising RN Signature

Date